

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-015452

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Register District No. 87

Primary Registration District No. 4565

Registrar's No. 38

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUD

AMENDED

FILED APR 24 1963

1. PLACE OF DEATH

a. COUNTY

Crawford

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN

Sullivan

Length of stay in 1b

1 1/4 hrs

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTE

Sullivan Comm. Hosp

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

MO.

b. COUNTY

Crawford

Inside Limits

Yes ☒ No ☐

c. CITY

OR TOWN

Bourbon

d. STREET ADDRESS

(If outside, give location)

None

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print)

First

J.

Middle

C.

Last

Johnson

4. DATE OF DEATH

Month

April

Day

16

Year

1963

5. SEX

male

6. COLOR OR RACE

white

7. Married ☐ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

Apr. 16, 1963

9. AGE (last birthday)

IF UNDER 1 YEAR

IF UNDER 24 HR

Months

Days

Hours

Minutes

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Infant

10b. KIND OF BUSINESS OR INDUSTRY

None

11. BIRTHPLACE (City and state or country)

Sullivan MO.

12. CITIZEN OF WHAT COUNTRY

U.S.

13a. FATHER'S NAME

Eugene Johnson

13b. MOTHER'S MAIDEN NAME

Geneva Pendergrass

14. NAME OF HUSBAND OR WIFE

No

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service)

No

No

16. SOCIAL SECURITY NO.

None

17. INFORMANT

Eugene Johnson

Address

Bourbon MO.

18. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Respiratory Failure

INTERVAL BETWEEN ONSET AND DEATH

1 hr 15 min

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Prematurity, Premature Delivery

DUE TO (c)

Premature Labor & Premature separation of placenta

12 hrs

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

Death occurred at

16 April 63 to 16 April 63 and last saw her 16 April 63

5:33 pm on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

Eugene W. Beffel MD

22b. ADDRESS

Bourbon MO

22c. DATE SIGN

18 April 63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

17 Apr. 1963

23c. NAME OF CEMETERY

Bourbon

23d. LOCATION (City, town, or county)

Bourbon

STATE

MO.

24. FUNERAL DIRECTOR

Hoerner Funeral Home Cuba, Mo.

ADDRESS

25. DATE RECD. BY LOCAL REG.

April 18, 1963

26. REGISTRAR'S SIGNATURE

William Cowan

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

VS 300
Rev. 4/59

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97615

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by Surface And Cavity Embalmed, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Herman C. Thamer

Licensed Embalmer No. 4673

P. O. Address Cuba, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.